Montana Medicaid - Fee Schedule
Transportation and Per Diem

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.
   For example:
   26 = professional component
   TC = technical component

Description – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination
   Fee Sched: Medicaid fee for listed code
   Medicare: Medicare-prevailing fee for listed code.
   By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply

PA – Prior Authorization
   Y: Prior authorization is required
   Space: Prior authorization is not required

Please see first page for a complete description
of information contained in the fee schedules.

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Fees as of July 2003

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Proc	Modifier	Description	Effective	Method	Fee	PA
A0110		NONEMERGENCY TRANSPORT BUS	10/1/1986	FEE SCHED	NEGOCIATED	Y
A0140		NONEMERGENCY TRANSPORT AIR	7/1/2003	FEE SCHED	$10.57	Y
A0180		NONER TRANSPORT LODGNG RECIP	2/1/2003	FEE SCHED	$40.00	Y
A0190		NONER TRANSPORT MEALS RECIP	2/1/2003	FEE SCHED	$15.00	Y
Z0008		TRANSPORTATION OVER 16 MILES - TAXICAB PER MILE	7/1/2003	FEE SCHED	$0.67	Y
Z0013		COMMERCIAL AIR	9/1/1998	FEE SCHED	NEGOCIATED	Y

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Fees as of July 2003